



Massive Rotator Cuff Tears

Post-Operative Rehabilitation Protocol

1-6 Weeks:

- Sling immobilization
- Active ROM elbow, wrist, and hand
- True Passive (ONLY) ROM shoulder. NO ACTIVE MOTION
- Pendulums
- Supine Elevation in Scapular plane = 140°
- External Rotation = 40°
- Scapular stabilization exercises (side lying)
- Deltoid isometrics in neutral (submaximal) as ROM improves
- No pulley/canes until 6 weeks post-op

6-12 Weeks:

- Discontinue sling
- Active Assist to Active ROM shoulder as tolerated
- Elevation in scapular plane and external rotation to tolerance
- Begin internal rotation as tolerated
- Light stretching at end ranges
- Cuff isometrics with the arm at the side
- Upper body ergometer

3-12 Months:

- Advance to full ROM as tolerated with passive stretching at end ranges
- Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Begin eccentrically resisted motions, plyometrics (ex. weighted ball toss), proprioception (ex. body blade)
- Begin sports related rehab at 4.5 months, including advanced conditioning
- May begin throwing at 6 months ([Interval Throwing Program](#))
 - **Throwing Prep Screen prior to initiating throwing. Schedule via QR code 1 or spc@rushortho.com
 - **Throwing Assessment when throwing at 80%+ effort or on the mound. Schedule via QR code 2 or spc@rushortho.com
- Collision sports at 9 months
- **For non-throwing patients, Upper Body Assessment when initiating return to activity progression. Schedule via QR code or spc@rushortho.com
- MMI is usually at 12 months post-op

